PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandra, Virginia 22313-1450

or Fax (571)-273-2885

	ed below or directed of								ould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
21972	7590 09/1	/2008			nave					
LEXMARK INTERNATIONAL, INC. INTELLECTUAL PROPERTY LAW DEPARTMENT 740 WEST NEW CIRCLE ROAD						Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
BLDG. 082-1 LEXINGTON, KY 40550-0999									(Depositor's name)	
•									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN	TOR	R ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/625,383	07/23/2003			Christopher A. Adkins			2002-0527.02 2361			
TITLE OF INVENTIC REPLENISHMENT	ON: METHOD FOR I	ROVIDING	3 IMAGING	SUBSTANCE FOR	R US	E IN AN IMAC	GING D	EVICE VIA A V	IRTUAL	
APPLN, TYPE	SMALL ENTITY	TITY ISSUE FEE DUE		PUBLICATION FEE DU		PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nprovisional NO		1440	\$ 300		\$0		\$1740·	12/11/2008	
EXAMINER			'דואט	CLASS-SUBCLASS						
AUGUSTIN	621	705-050000								
Change of corresponde CFR 1.363). Change of corresp Address form PTO/SE	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,									
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	ND RESIDENCE DATA									
recordation as set forth	ess an assignee is ident h in 37 CFR 3.11. Comp	fied below, letion of th	no assignee is form is NO	data will appear on th I a substitute for filing	ne par gan a	tent. If an assigne ssignment.	e is ider	ntified below, the do-	cument has been filed for	
(A) NAME OF ASSIC	(B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Lexmark Inte	Lexington,	Kent	tucky							
Please check the appropri	iate assignce category or	categories (will not be pr	inted on the patent) :		Individual 🗷 Cor	rporation	or other private grou	ip entity Government	
ta. The following fee(s) a	are submitted:		4b	Payment of Fee(s): (e first reapply an	y previo	usly paid issue fee sl	hown above)	
Issuc Fee Dublication Fee (N	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.									
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1213 (enclose an extra copy of this form).									
	us (from status indicated				-1		مليكاد	(cholose an	extra copy of this formy.	
	SMALL ENTITY statu			☐ b. Applicant is no	longe	er claiming SMAL	L ENTIT	ΓY status. See 37 CFI	R 1.27(g)(2).	
nterest as shown by the r	Publication Fee (if requeecords of the United Sta	iircd) will n B Patept ar	ot be accepted id Trademark	from anyone other the Office.	an th	e applicant; a regis	tered atte	orney or agent; or the	assignee or other party in	
Authorized Signature	V/ull (KAR	hif			Date 1//13	roc	_		
Typed or printed name		//_	Registration No. <u>50, 383</u>							
his form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ons for reducing this bur irginia 22313-1450. DO 13-1450.	den, should NOT SENI	be sent to the D FEES OR C	Chief Information Of OMPLETED FORMS	ficer,	U.S. Patent and T THIS ADDRESS.	rademar SEND T	k Office, U.S. Depar (O: Commissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,	
Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										